

A COMPARATIVE STUDY OF MENTAL HEALTH OF HIV POSITIVE AND HIV NEGATIVE PERSONS IN VINDHYA REGION

Dr. Devendra N. Pandey
 Prof. of Zoology Govt. S.K.N. P.G. College, Mauganj, Rewa (M.P.)

Abstract— The aim of present study is to find out the mental health of those peoples, who are suffering from HIV (Human Immunodeficiency Virus) positive and normal healthy person. So it considers two level of gender (male & female) and two level of physical condition (HIV positive & HIV negative). 2X2 factorial designs have been used in present study. The sample consisted 40 persons and Mental Health Status Inventory has been used which was constructed by Dr. Anuradha Johari. Mental Health between the two groups was analyzed by applying “t” test & significant differences were also examined at 0.05 level of probability.

Keywords: Mental Health, HIV, AIDS

I. INTRODUCTION

The capacity to think rationally and logically and to manage with the transitions, stresses, traumas, and losses that occur in all lives, in ways that allow emotional stability and growth. In general, mentally healthy individuals value themselves, perceive reality as it is, accept its limitations and possibilities, responds to its challenges, carry out their responsibilities, establish and maintain close relationships, deal reasonably with others, pursue work that suits their talent and training, and feel a sense of fulfillment that makes the efforts of daily living worthwhile.

Mental health is how people think, feel, and act as they face life situations. If people handle stress, relate to one another, and makes decisions. Mental health the ways individuals look at themselves their lives and other in their lives. Mental health is important at every stage of life all aspects of our lives are affected by our mental health. Caring for and protected children in an obligation and is critical to their daily lives and their independence.

Mental or psychiatric illnesses are major public health concern. They adversely affect functioning, economic productivity, the capacity for healthy relationship and families, physical health and the overall quality of life. They cut across racial, ethnic, and socioeconomic lines to affect a significant proportion of communities worldwide. They tend to develop and manifest in the early adult years, often preventing individual from leading full and productive lives.

The ability to enjoy life- the ability to enjoy life is essential good mental health. JAMES TAYLOR wrote that “the secret of life is enjoying the passing of time”. Our life metaphors are important factors that allow us to enjoy life.

Resilience- The ability to bounce back from adversity has been referred to as “resilience”. It has been long known that some people handle stress better than other.

Balance- Balance in life seems to result in greater mental health. We all need to balance time spent socially with time spent alone.

Flexibility- we all known people who hold very rigid opinion. No amount of discussion can change their views. Such people often set themselves up for added stress by the rigid expectation that they hold. This emotional rigidity may result in other mental health problems.

Self-Actualization- What have we made of the gifts that we have been given? Mentally healthy person are person who are in the process of actualizing their potential. In order to do this we must first feel secure.

Human Immunodeficiency Virus:

HIV (human immunodeficiency virus) was first reported in the United States in 1981 and has since become a major worldwide epidemic. AIDS (acquired immunodeficiency syndrome) is caused by HIV. By killing or damaging cells of the body's immune system, HIV progressively destroys the body's ability to fight infections. Around 2.5 million peoples suffering from HIV infection in India (World Health Organization, 2007).

HIV is the virus that can lead to acquired immune deficiency syndrome, or AIDS. There are two types of HIV viz. HIV-1 and HIV-2. In the United States, unless otherwise noted, the term “HIV” primarily refers to HIV-1. Both types of HIV damage a person's body by destroying specific blood cells, called CD4 or T4 cells, which are crucial to helping the body fight diseases. Within a few weeks of being infected with HIV, some people develop flu-like symptoms that last for a week or two, but others have no symptoms at all. People living with HIV may appear and feel healthy for several years. However, even if they feel healthy, HIV is still affecting their bodies. All

people with HIV should be seen on a regular basis by a health care provider experienced with treating HIV infection. Many people with HIV, including those who feel healthy, can benefit greatly from current medications used to treat HIV infection. These medications can limit or slow down the destruction of the immune system, improve the health of people living with HIV, and may reduce their ability to transmit HIV. Untreated early HIV infection is also associated with many diseases including cardiovascular disease, kidney disease, liver disease, and cancer. Support services are also available to many people with HIV. These services can help people cope with their diagnosis, reduce risk behavior, and find needed services. AIDS is the moderate form of HIV infection, when a person's immune system is severely damaged and has difficulty fighting diseases and certain cancers. Before the development of certain medications, people with HIV could progress to AIDS in just a few years. Currently, people can live much longer - even decades - with HIV before they develop AIDS. This is because of "highly active anti-retroviral therapy (HAART)" combinations of medications that were introduced in the mid-1990.

No one should become satisfied about HIV and AIDS. While current medications can dramatically improve the health of people living with HIV and slow progression from HIV infection to AIDS, existing treatments need to be taken daily for the rest of a person's life, need to be carefully monitored, and come with costs and potential side effects. Currently there is no cure for HIV infection. Despite major advances in diagnosing and treating HIV infection, in 2007, 35,962 cases of AIDS were diagnosed and 14,110 deaths among people living with HIV were reported in the United States.

Objectives:

1. To know mental health of HIV positive Male.
2. To know mental health of HIV negative Male.
3. To know mental health of HIV positive female.
4. To know mental health of HIV negative female.

Hypothesis:

Null Hypothesis 1 There is no significant difference between HIV positive and HIV negative person's mental health. Alternate Hypothesis 1 There is significant difference between HIV positive and HIV negative person's mental health.

Null Hypothesis 2 There is no significant difference between HIV positive male and HIV negative male mental health. Alternate Hypothesis 2 There is significant difference between HIV positive male and HIV negative male mental health.

Null Hypothesis 3 There is no significant difference between HIV positive female and HIV negative female mental health. Alternate Hypothesis 3 There is significant difference between HIV positive female and HIV negative female mental health.

Null Hypothesis 4 There is no significant difference between male and female mental health Alternate Hypothesis 4 There is significant difference between male and female mental health.

Null Hypothesis 5 There is no significant difference between HIV positive female and HIV negative female mental health Alternate Hypothesis 5 There is no significant difference between HIV positive female and HIV negative female mental health.

Null Hypothesis 6: There is significant difference between HIV positive male and HIV positive female mental health Alternate Hypothesis 6 There is no significant difference between HIV negative male and HIV negative female mental health.

II. METHODOLOGY:

Independent Variable: HIV positive patient and HIV negative patient. Gender: Male and female Residential area: Urban.

Sample:

The sample size taken for the study was 40. Among them 10 males and 10 females who are HIV infected and 10 males and 10 females are non HIV means healthy individuals were taken from Mauganj of Rewa district of Vindhya region of MP. Sample was selected by using the random selection method.

Tools: Mental Health Status Inventory formed by Dr. Anuradha Johari.

Research Design:

The aim of the present investigation is to study the mental health status between people living with HIV and normal person. So, it considers two level of gender (male & female) and two level of physical condition (HIV positive & HIV negative). Samples were randomly selected and Mental Health Status Inventory was given them for data collection. The data was obtained from 40 persons. Help of "t" test is taken to study the mean different of Mental Health of HIV positive patient and normal person.

Tabulation of Data 'T'TEST

For statistical analysis the mean difference in Mental Health between the two groups were analyzed by applying "t" test & significant differences were also examined at 0.05 level of probability.

Table No.1

Male HIV Positive	N=10	M=70.9	Calculated t=1.13	At 0.05 level of significance HO is accepted
Male HIV Negative	N=10	M=76.0		

Table No.2

Female HIV Positive	N=10	M=64	Calculated t=4.31	At 0.05 level of significance HO is rejected
Female HIV Negative	N=10	M=82.3		

Table No.3

HIV positive Male	N=10	M=70	Calculated t=1.356	At 0.05 level of significance HO is accepted
HIV positive Female	N=10	M=64		

Table No.4

HIV negative Male	N=10	M=76	Calculated t=1.83	At 0.05 level of significance HO is accepted
HIV Negative Female	N=10	M=82.3		

Table No.5

HIV positive male+ Female	N=20	M=67.47	Calculated t=3.64	At 0.05 level of significance HO is rejected
HIV negative male+ Female	N=20	M=79.15		

Table No. 6

HIV Negative Male + HIV Positive Male	N=20	M=73.45	Calculated t=0.08	At 0.05 level of significance HO is accepted
HIV negative Female+ HIV positive Female	N=20	M=73.15		

III. RESULT AND DISCUSSION:

1. After looking in to table-1 HO Null Hypothesis is accepted so there is no significant difference seen in HIV positive male and HIV negative male.

2. According to table-2 HO Null Hypothesis is rejected so, Alternate Hypothesis that there is significant difference seen in HIV negative female and HIV positive female is accepted.

3. Table-3 shows HO Null Hypothesis is accepted therefore there is no significant difference seen in HIV positive male and HIV positive female.

4. According to table-4 HO Null Hypothesis is accepted so, there is no significant difference in mental health between HIV negative male and HIV negative female.

5. Looking in to table-5 HO Null Hypothesis is rejected so, Alternate Hypothesis that there is significant difference in mental health of HIV positive persons & HIV negative persons is accepted.

6. Table-6 shows HO Null Hypothesis is accepted therefore there is no significant difference in mental health of male and female.

Limitation:

1. This study involves only 10 individuals in each different four groups. Total 40 samples.

2. The study has involved only person living in Mauganj of Rewa district have knowledge of Hindi and Bhageli language.

3. The study is non-biased but taken sample from district hospital & the hospital is giving healthy support & platform

to HIV positive persons so, the samples have less mental health issues. They show more score in the inventory.

The sample's age criteria are 30years to 50years.

Acknowledgement:

Authors are grateful to, Dr. Anurada Johari, Senior Medical officer ART Centre BHU Hospital Varanasi U.P. for provision all facilities during experimentation.

IV. REFERENCES

- [1] Adler, A (1929) The Science of living, New York, Green berg.
- [2] Ananthraman, R. N., Adjustment and its correlation in old age. Journal of Psychological Researches. 24(1-2), 1980, 55-58.
- [3] Coleman Betlina L. and Tylor, Claribel M., Family and Social Attitudes across Four generations of woman of maternal lineage Psychological reports, (Feb 1962), Vol.70 (1), 268-270.
- [4] Ason Schnittker, When Mental Health Becomes Health: Age and the Shifting meaning of Self Evaluations of General Health, The Milbank Quarterly, Vol.83, No.3, 2005, 397-423.
- [5] www.plannedparenthood.org
- [6] www.who.int/hiv.org